

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction				
6. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
City of Taft		Department: Economic Development		
Organizational DUNS: 120871288		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 209 E. Kern St.		Prefix:	First Name: Lucille	
City: Taft		Middle Name		
County: Kern		Last Name Holt		
State: CA		Suffix:		
Zip Code 93268		Email: lholt@cityoftaft.org		
Country: USA		Phone Number (give area code) 661-763-1222		
Fax Number (give area code) 661-765-2480				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000800		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: Economic Development Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-300		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Taft Airport Industrial Park		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Taft, South Taft, Taft Heights, Ford City, Kern County, CA				
13. PROPOSED PROJECT Start Date: 09/01/2009 Ending Date: 08/01/2011		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22, McCarthy b. Project 22, McCarthy		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 1,500,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/22/08		
b. Applicant	\$ 1,488,767	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$			
g. TOTAL	\$ 2,988,767			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Robert	Middle Name		
Last Name Gorson	Suffix			
b. Title City Manager	c. Telephone Number (give area code) 661-763-1222		e. Date Signed	
d. Signature of Authorized Representative <i>Robert T. Gorson</i>				

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: 5-603001-z-0064-03			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: 0064		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: Southwestern College					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006659			* c. Organizational DUNS: 078752888		
d. Address:					
* Street1: 900 Otay Lakes Rd		<div>RECEIVED SEP 04 2008 STATE CLEARING HOUSE</div>			
Street2: <input type="text"/>					
* City: Chula Vista					
County: <input type="text"/>					
* State: <input type="text"/> CA: California					
Province: <input type="text"/>					
* Country: <input type="text"/> USA: UNITED STATES					
* Zip / Postal Code: 91910-7299					
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		* First Name: Debbie			
Middle Name: <input type="text"/>					
* Last Name: Trujillo					
Suffix: <input type="text"/>					
Title: <input type="text"/>					
Organizational Affiliation: <input type="text"/>					
* Telephone Number: 619-482-6388		Fax Number: 619-216-6692			
* Email: dtrujillo@swccd.edu					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Small Business Administration

11. Catalog of Federal Domestic Assistance Number:

59.037

CFDA Title:

Small Business Development Center

*** 12. Funding Opportunity Number:**

OSBDC-2009-01

*** Title:**

Small Business Development Center

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Veterans Assistance Program Proposal

Attach supporting documents as specified in agency instructions.

Add Attachments

Agency Information

Agency Information

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="99,573.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="99,573.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)**1. * TYPE OF SUBMISSION**

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

2. DATE SUBMITTED

08/28/2008

Applicant Identifier**3. DATE RECEIVED BY STATE****State Application Identifier****4. Federal Identifier**

DE-FG02-88ER40420 (Renewal)

5. APPLICANT INFORMATION

* Organization: DUNS:092530369

* Legal Name: Regents of the University of California, Los Angeles

Department:

Division:

* Street1: Office of Contract and Grant Administration Street2: 11000 Kinross Avenue, Suite 102

* City: Los Angeles

County: Los Angeles County

* State: CA: California

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 90095

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Ms. Kristin

Lund

* Phone Number: 310-794-0171

Fax Number: 310-943-1656

Email: doe@resadmin.ucla.edu

6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN):

956006143

7. * TYPE OF APPLICANT

H: Public/State Controlled Institution of Higher Education

8. * TYPE OF APPLICATION:☐ New☐ Resubmission ☒ Renewal ☐ Continuation ☐ Revision**Other (Specify):**

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):**9. * NAME OF FEDERAL AGENCY:**

DOE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

* Is this application being submitted to other agencies? ☐ Yes ☒ No
What other Agencies?**11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

UCLA Intermediate Energy Nuclear and Particle Physics Research

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Los Angeles, CA

13. PROPOSED PROJECT:

* Start Date

* Ending Date

02/01/2009

01/31/2012

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-030

CA-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Dr. Bernard

M

Nefkens

Position/Title: Professor

* Organization Name: Regents of the University of California, Los Angeles

Department: Physics and Astronomy

Division:

* Street1: BOX 951547

Street2: 5-136 Knudsen

* City: Los Angeles

County: Los Angeles

* State: CA: California

Province:

* Country: USA: UNITED STATES

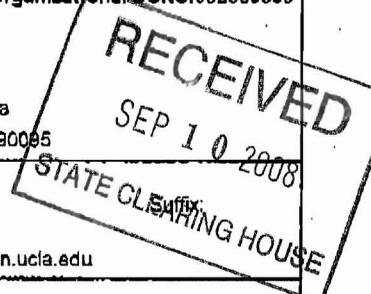
* ZIP / Postal Code:

90095-1547

* Phone Number: 310-625-4970

Fax Number: 310-206-4397

* Email: nefkens@physics.ucla.edu



SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding \$1,598,256.00 b. * Total Federal & Non-Federal Funds \$1,598,256.00 c. * Estimated Program Income \$0.00	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 08/28/2008 b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																																		
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) <input checked="" type="radio"/> * I agree <small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small>																																																			
19. Authorized Representative <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Prefix:</td> <td style="width: 25%;">* First Name:</td> <td style="width: 25%;">Middle Name:</td> <td style="width: 25%;">* Last Name:</td> <td style="width: 10%;">Suffix:</td> </tr> <tr> <td>Ms.</td> <td>Kristin</td> <td></td> <td>Lund</td> <td></td> </tr> <tr> <td colspan="2">* Position/Title: Grant Analyst</td> <td colspan="3">* Organization Name: Regents of the University of California, Los Angeles</td> </tr> <tr> <td colspan="2">Department: Office of Contract & Grant Adm</td> <td colspan="3">Division:</td> </tr> <tr> <td colspan="2">* Street1: UCLA Office of Contract & Grant Adm</td> <td colspan="3">Street2: 11000 Kinross Avenue, Suite 102</td> </tr> <tr> <td colspan="2">* City: Los Angeles</td> <td>County: Los Angeles</td> <td colspan="2">* State: CA: California</td> </tr> <tr> <td>Province:</td> <td colspan="2">* Country: USA: UNITED STATES</td> <td colspan="2">* ZIP / Postal Code: 90095-1406</td> </tr> <tr> <td colspan="2">* Phone Number: 310-794-0171</td> <td>Fax Number: 310-943-1656</td> <td colspan="2">* Email: ocga3@research.ucla.edu</td> </tr> <tr> <td colspan="3" style="text-align: center;">* Signature of Authorized Representative</td> <td colspan="2" style="text-align: center;">* Date Signed</td> </tr> <tr> <td colspan="3" style="text-align: center;"> _____ Kristin Lund </td> <td colspan="2" style="text-align: center;"> _____ 08/28/2008 </td> </tr> </table>		Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	Ms.	Kristin		Lund		* Position/Title: Grant Analyst		* Organization Name: Regents of the University of California, Los Angeles			Department: Office of Contract & Grant Adm		Division:			* Street1: UCLA Office of Contract & Grant Adm		Street2: 11000 Kinross Avenue, Suite 102			* City: Los Angeles		County: Los Angeles	* State: CA: California		Province:	* Country: USA: UNITED STATES		* ZIP / Postal Code: 90095-1406		* Phone Number: 310-794-0171		Fax Number: 310-943-1656	* Email: ocga3@research.ucla.edu		* Signature of Authorized Representative			* Date Signed		_____ Kristin Lund			_____ 08/28/2008	
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20. Pre-application File Name: Mime Type:																																																			
21. Attach an additional list of Project Congressional Districts if needed.																																																			
File Name: AdditionalCongressionalDistricts1001842124.pdf Mime Type: application/pdf																																																			

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED 09/10/2008		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier	
1. * TYPE OF SUBMISSION <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		4. Federal Identifier DE-FG02-88ER40424(Renewal)	
5. APPLICANT INFORMATION * Organizational DUNS:092530369			
* Legal Name: Regents of the University of California, Los Angeles Department: Division: * Street1: Office of Contract and Grant Administration Street2: 11000 Kinross Avenue, Suite 102 * City: Los Angeles County: Los Angeles County * State: CA: California Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 90095			
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Ms. Kristin Lund * Phone Number: 310-794-0171 Fax Number: 310-943-1656 Email: doe@resadmin.ucla.edu			
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): 956006143		7. * TYPE OF APPLICANT H: Public/State Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input type="radio"/> New <input type="radio"/> Resubmission <input checked="" type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): Small Business Organization Type <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify):		9. * NAME OF FEDERAL AGENCY: DOE	
* Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Intermediate Energy and Relativistic Heavy Ion Group			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Los Angeles, CA and BNL, Upton, NY			
13. PROPOSED PROJECT: * Start Date * Ending Date 02/01/2009 01/31/2012		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant b. * Project CA-030 CA-030	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Charles Whitten Position/Title: Professor * Organization Name: Regents of the University of California, Los Angeles Department: Physics and Astronomy Division: * Street1: BOX 951547 Street2: 5-123B Knudsen * City: Los Angeles County: Los Angeles * State: CA: California Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 90095-1547 * Phone Number: 310-825-1691 Fax Number: 310-206-4897 * Email: whitten@physics.ucla.edu			

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding \$2,681,630.00 b. * Total Federal & Non-Federal Funds \$2,681,630.00 c. * Estimated Program Income \$0.00	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 09/30/2008 b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																																
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File Name: AdditionalCongressionalDistricts1001842402.pdf Mime Type: application/pdf																																																	

Tracking Number:

Funding Opportunity Number:

Received Date: Time Zone: GMT-5

OMB Number: 4040-0001
Expiration Date: 04/30/2008

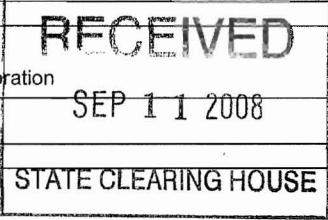
** TOTAL PAGE.04 **

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Burbank Housing Development Corporation		Department: Development	
Organizational DUNS: 103427225		Division:	
Address: Street: 790 Sonoma Ave City: Santa Rosa County: Sonoma State: CA Zip Code: 95404 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Lisa Middle Name: Last Name: Yoshida Suffix: Email: lyoshida@burbankhousing.org	



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2837785	Phone Number (give area code) 707-526-1020 ext 288	Fax Number (give area code) 707-526-9811
---	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Non-profit Other (specify)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-420	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hollyhock Mutual Self-Help Homes; development of 34 mutual self-help homes. \$482,000 represents 100% of the grant amount.
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sebastopol, Sonoma County, CA	9. NAME OF FEDERAL AGENCY: USDA RD
---	--

13. PROPOSED PROJECT Start Date: 5/1/2009 Ending Date: 10/1/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant First b. Project First
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 482,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$.00	DATE:
c. State \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 482,000.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix Mr.	First Name John	Middle Name
Last Name Lowry		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 707-526-1020 ext 213
d. Signature of Authorized Representative		e. Date Signed 9/8/2008

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9/8/08	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Burbank Housing Development Corporation		Department: Development	
Organizational DUNS: 103427225		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 790 Sonoma Ave		Prefix: Ms.	First Name: Lisa
City: Santa Rosa		Middle Name	
County: Sonoma		Last Name Yoshida	
State: CA		Suffix:	
Country: USA		Email: lyoshida@burbankhousing.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2837785	Phone Number (give area code) 707-526-1020 ext 288	Fax Number (give area code) 707-526-9811
---	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) Non-profit Other (specify)
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-420	9. NAME OF FEDERAL AGENCY: USDA RD
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sebastopol, Sonoma County, CA	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hollyhock Mutual Self-Help Homes; development of 34 mutual self-help homes. \$289,200 represents 60% of the grant amount.

13. PROPOSED PROJECT Start Date: 5/1/2009	Ending Date: 10/1/2010	14. CONGRESSIONAL DISTRICTS OF: a. Applicant First	b. Project First
--	---------------------------	---	---------------------

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 482,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$.00	DATE:
c. State \$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program Income \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
g. TOTAL \$ 482,000.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix Mr.	First Name John	Middle Name
Last Name Lowry		Suffix
b. Title Executive Director		c. Telephone Number (give area code) 707-526-1020 ext 213
d. Signature of Authorized Representative		e. Date Signed 9/8/2008

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. DATE SUBMITTED 09/11/2008	Applicant Identifier
		3. DATE RECEIVED BY STATE 	State Application Identifier
5. APPLICANT INFORMATION * Legal Name: General Atomics Department: Energy Division: Inertial Fusion Technology * Street1: 3550 General Atomics Court Street2: * City: San Diego County: * State: CA: Califon Province: * Country: UNITED ST * ZIP / Postal Code: 92121-1122		* Organizational DUNS: 067638957 <div style="border: 2px solid black; padding: 5px; text-align: center; width: fit-content; margin: 10px auto;">RECEIVED SEP 11 2008 STATE CLEARING HOUSE</div>	
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Richard Stephens * Phone Number: 858-455-3863 Fax Number: Email: rich.stephens@gat.com			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-3735102		7. * TYPE OF APPLICANT: Q: For-Profit Organization (Other than Small Business) Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		9. * NAME OF FEDERAL AGENCY: Chicago Service Center 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ion-Fast Ignition - Establishing a Scientific Basis for Inertial Fusion Energy			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) San Diego, CA; Columbus, OH			
13. PROPOSED PROJECT: * Start Date 01/01/2009 * Ending Date 12/31/2012		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant CA-53 b. * Project CA-53	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Richard Stephens Position/Title: Principal Investigator * Organization Name: General Atomics Department: Energy Division: Inertial Fusion Technology * Street1: 3550 General Atomics Court Street2: * City: San Diego County: * State: CA: Califon Province: * Country: UNITED ST * ZIP / Postal Code: 92121-1122 * Phone Number: 858-455-3863 Fax Number: Email: rich.stephens@gat.com			

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2**

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding <input style="width: 150px;" type="text" value="1,266,920.00"/> b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text" value="1,266,920.00"/> c. * Estimated Program Income <input style="width: 150px;" type="text" value="0.00"/>	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 150px;" type="text" value="09/11/2008"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative				
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Ramona		Gompper	
* Position/Title:	Senior Contract Administrator		* Organization:	General Atomics
Department:	Contracts and Purchasing		Division:	
* Street1:	3550 General Atomics Court		Street2:	
* City:	San Diego	County:		* State: CA: Californ
Province:		* Country:	UNITED ST	* ZIP / Postal Code: 92121-1122
* Phone Number:	858-455-3057	Fax Number:		* Email: ramona.gompper@gat.com
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

20. Pre-application <input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Cancel"/> <input type="button" value="Delete Attachment"/>
---	--

21. Attach an additional list of Project Congressional Districts if needed.	
<input style="width: 150px;" type="text" value="districts.pdf"/>	<input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

OMB Number: 4040-0001

Expiration Date: 04/30/2008

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application

Recipient ID: 5566
 Recipient Name: LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
 Project ID: CA-90-Y685-00
 Budget Number: 1 - Budget Pending Approval
 Project Information: Transit Enhancement FY2005 funds

Part 1: Recipient Information

Project Number: CA-90-Y685-00
 Recipient ID: 5566
 Recipient Name: LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
 Address: ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
 Telephone: (213) 922-2459
 Facsimile: (213) 922-2476

Union Information

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020 0000
Contact Name:	CHERYL PARISI
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9822
E-mail:	cheryl@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	

Recipient ID: 5566
 Union Name: AFSCME
 Address 1: 514 Shatto Place, 3rd Floor
 Address 2:
 City: LOS ANGELES, CA 90020
 Contact Name: LINDA VILLEGAS-FIRTH
 Telephone: (213) 487-9887
 Facsimile: (213) 487-9822
 E-mail: linda@afscme36.org
 Website:

Recipient ID: 5566
 Union Name: AFSCME
 Address 1: 514 Shatto Place, 3rd Floor
 Address 2:
 City: LOS ANGELES, CA 90020
 Contact Name: MARSHA STEINBERG
 Telephone: (213) 487-9887
 Facsimile: (213) 487-9822
 E-mail: marsha@afscme36.org
 Website:

Recipient ID: 5566
 Union Name: TEAMSTERS, LOCAL 911
 Address 1: 3888 CHERRY AVENUE
 Address 2:
 City: LONG BEACH, CA 90807
 Contact Name: CHESTER MORDASINI
 Telephone: (562) 595-4518
 Facsimile: (562) 427-7298
 E-mail: CMordasini@teamsters911.com
 Website:

Recipient ID: 5566
 Union Name: TEAMSTERS, LOCAL 911
 Address 1: 3888 CHERRY AVENUE
 Address 2:
 City: LONG BEACH, CA 90807
 Contact Name: WILLIAM DAVIS
 Telephone: (562) 595-4518

Address 2:

City: LOS ANGELES, CA 90012

Contact Name: MICHAEL WINSTON

Telephone: (213) 922-7324

Facsimile: (213) 922-7088

E-mail: olivianr1315@msn.com

Website:

Recipient ID: 5566

Union Name: TRANSPORTATION COMMUNICATIONS UNION

Address 1: ONE GATEWAY PLAZA, MS 99-11-13

Address 2:

City: LOS ANGELES, CA 90012

Contact Name: FREDDIE FLORES

Telephone: (213) 922-7324

Facsimile: (213) 922-7088

E-mail: olivianr1315@msn.com

Website:

Recipient ID: 5566

Union Name: TRANSPORTATION COMMUNICATIONS UNION

Address 1: ONE GATEWAY PLAZA, MS 99-11-13

Address 2:

City: LOS ANGELES, CA 90012

Contact Name: LA VETTE WADE

Telephone: (213) 922-7324

Facsimile: (213) 922-7088

E-mail: olivianr1315@msn.com

Website:

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1608 (DIV. 8)
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	AARON MONTGOMERY
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Telephone: (626) 962-9980
Facsimile: (626) 962-8079
E-mail: UTUjaw@earthlink.net
Website:

Recipient ID: 5566
Union Name: UNITED TRANSPORTATION UNION
Address 1: LOCAL 1565 (DIV. 7, 11, 15, 20
Address 2: 15999 CYPRESS AVENUE
City: IRWINDALE, CA 91706
Contact Name: TIM DEL CAMBRE
Telephone: (626) 962-9980
Facsimile: (626) 962-8079
E-mail: UTUjaw@earthlink.net
Website:

Recipient ID: 5566
Union Name: AMALGAMATED TRANSIT UNION
Address 1: 1744 NO. MAIN STREET
Address 2:
City: LOS ANGELES, CA 90031 1315
Contact Name: ADOLFO SOTO
Telephone: (323) 222-1277
Facsimile: (323) 222-1335
E-mail: ASoto@atu1277.com
Website:

Recipient ID: 5566
Union Name: AMALGAMATED TRANSIT UNION
Address 1: 600 HARRISON STREET
Address 2: SUITE 535
City: SAN FRANCISCO, CA 94107
Contact Name: WILLIAM FLYNN
Telephone: (415) 495-4949
Facsimile:
E-mail:
Website:

Recipient ID: 5566
Union Name: AMALGAMATED TRANSIT UNION

Website:

Recipient ID: 5566
 Union Name: AMALGAMATED TRANSIT UNION
 Address 1: 1744 NO. MAIN STREET
 Address 2:
 City: LOS ANGELES, CA 90031
 Contact Name: DOUG KUROWSKI
 Telephone: (323) 222-1277
 Facsimile: (323) 222-1335
 E-mail: DKurowski@atu1277.com
 Website:

Part 2: Project Information

Project Type: Grant
 Project Number: CA-90-Y685-00
 Project Description: Transit Enhancement FY2005 funds
 Recipient Type: Transit Authority
 FTA Project Mgr: Ray Tellis - 213.202.3956
 Recipient Contact: Gladys Lowe - 213.922.2459
 New/Amendment: None Specified
 Amend Reason: Initial Application

Fed Dom Asst. #: 20507
 Sec. of Statute: 5307-1
 State Appl. ID: None Specified
 Start/End Date: Oct. 01, 2008 - Jun. 30, 2010
 Recvd. By State: Sep. 08, 2008
 EO 12372 Rev: YES
 Review Date: Sep. 08, 2008
 Planning Grant?: NO
 Program Date (STIP/UPWP/FTA Prm Plan): Jul. 31, 2008
 Program Page: 1
 Application Type: Electronic
 Supp. Agreement?: Yes

Gross Project Cost: \$1,500,000
 Adjustment Amt: \$0
 Total Eligible Cost: \$1,500,000
 Total FTA Amt: \$1,200,000
 Total State Amt: \$0
 Total Local Amt: \$300,000
 Other Federal Amt: \$0
 Special Cond Amt: \$0

Special Condition: None Specified
 S.C. Tgt. Date: None Specified
 S.C. Eff. Date: None Specified
 Est. Oblig Date: None Specified
 Pre-Award Authority?: No
 Fed. Debt Authority?: No
 Final Budget?: No

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

Funds requested in this application are included in the Transportation Improvement Program approved by the FTA and FHWA on July 31, 2008.

Transportation Development Act (TDA), State Transit Assistance (STA, and/or Prop. C 40% Discretionary funds will be used to match the federal funds. These funds are in the approved Metro Annual Budget.

The required FTA FY2008 Certifications and Assurances have been electronically filed in TEAM on November 28, 2007.

There are no pending Civil Rights issues affecting this grant application.

For information regarding the labor union list, please refer to the labor union section under our recipient profile in TEAM.

All DOL checklist items have been addressed within this application.

OTHER TRANSIT PROVIDERS

The following municipal operators/transit providers also operate fixed-route public transit service within the Metro's general service area:

City of Commerce Transit
Culver City Municipal Transit
Foothill Transit
Gardena Transit
La Mirada Transit
Long Beach Municipal Transit
Los Angeles DOT
Montebello Municipal Transit
Norwalk Transit
Santa Monica Big Blue Bus
Torrance Transit

Earmarks

No information found.

Security

No – We will not expend at least 1% of the 5307 funds in this grant application for security purposes.

3. Other, please describe below.

Explanation

Transit security will be on other grants.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
119-00 TRANSIT ENHANCEMENTS INTERMODAL	0	\$1,200,000.00	\$1,500,000.00

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED September 9, 2008		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: City of Healdsburg, CA		<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg);"> RECEIVED SEP. 12 2008 STATE CLEARING HOUSE </div>		Organizational Unit:	
Organizational DUNS: 09-7992291				Department: Public Works	
Address: Street: 401 Grove St Healdsburg CA 95448-4723				Division: Engineering	
City: Healdsburg				Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sonoma		Prefix: Mr.		First Name: Michael	
State: California		Middle Name Thomas		Last Name Kim	
Zip Code 95448-4723		Suffix:		Email: mkim@ci.healdsburg.ca.us	
Country: USA		Phone Number (give area code) 707-431-3333		Fax Number (give area code) 707-431-2710	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 3 4 7		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: US Department of Agriculture, RUS			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 0 TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Healdsburg (CA) Wastewater Treatment/Urban Reuse of Recycled Treated Wastewater			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Healdsburg, Sonoma County, CA		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 0001 b. Project CA 0001			
13. PROPOSED PROJECT Start Date: 12/08 Ending Date: 12/2012		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 9, 2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal \$ 14,000,000.00					
b. Applicant \$ 1,000,000.00					
c. State \$.00					
d. Local \$.00					
e. Other \$.00					
f. Program Income \$.00					
g. TOTAL \$ 15,000,000.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Michael		Middle Name Thomas	
Last Name Kim		Suffix		c. Telephone Number (give area code) 707-431-3333	
b. Title Public Works Director		d. Signature of Authorized Representative 		e. Date Signed September 8, 2008	

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

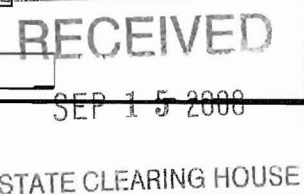
* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:



5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Southern California Coastal Water Research Partnership

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-2646053

* c. Organizational DUNS:

077244135

d. Address:

* Street1:

3535 Harbor Blvd., Suite 110

Street2:

* City:

Costa Mesa

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

92626-1437

e. Organizational Unit:

Department Name:

Watersheds

Division Name:

NA

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Dr.

* First Name:

Steven

Middle Name:

* Last Name:

Weisberg

Suffix:

Title: Executive Director

Organizational Affiliation:

Southern California Coastal Water Research Partnership

* Telephone Number:

714-755-3203

Fax Number:

714-755-3299

* Email:

steve@scwarp.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

☒ Other (specify)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

Joint Powers Authority (JPA)

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

65.461

CFDA Title:

Regional Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-R9-WP8

*** Title:**

Region 9 Wetland Program Development Grants

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

California

*** 15. Descriptive Title of Applicant's Project:**

Development of a Statewide Network of Reference Wetlands for California

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-046

* b. Program/Project CA-01

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2008

* b. End Date: 04/20/2011

18. Estimated Funding (\$):

* a. Federal	0.00
* b. Applicant	295,159.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	98,386.00
* g. TOTAL	393,545.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 09/15/2008 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Dr. * First Name: Steven

Middle Name:

* Last Name: Weisberg

Suffix:

* Title: Executive Director

* Telephone Number: 714-755-3203 Fax Number: 714-755-3299

* Email: steve@scworp.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102